NIH-DC Initiative to Reduce Infant Mortality

Pride in Parenting

HEALTH PROVIDER VERIFICATION FORM (MOTHER)

	Subject ID:	AFFIX LABEL HERE				
	Abstraction Date:	- - Mo Day Yr				
	ABSTRACT	THROUGH: - - Mo Day Yr				
Abstra	actor's Name:					
A.	BACKGROUND INFORMAT	ION				
1.	Mother's Date of Birth:	_ - - Mo Day Yr				
	Unknown/Not Mentioned (If any portion of date is unknown)					
2.	Provider/Hospital Name:	Provider Code:				
3.	Total number of visits to this pro	vider (through abstraction date):				
	(IF MORE THAN 5 VISITS A	TTACH A SUPPLEMENTAL FORM)				

В.	VISIT #1
1.	Date of Visit: a. From: - _ b. To: _ - - Mo Day Year To: _ - - Mo Day Year
	Unknown/Not Mentioned 888888 Unknown/Not Mentioned
2.	Reason for visit: (CIRCLE ALL THAT APPLY)
	Routine postpartum 1 Postpartum complications 2 Family Planning 3 General health 4 Re-Check or Follow-Up 5 Blood Work/Other test 6 Injury 7 Illness 8 Other (SPECIFY) 9
	Unknown/Not Mentioned
3.	Chief complaint (if applicable):
4.	Type of visit:
	ER 1 Hospital In-Patient 2 ° GO TO Q13 Hospital Out-Patient 3 ° GO TO Q13 Public Clinic 4 ° GO TO Q13 Private Clinic 5 ° GO TO Q13 Private Practice 6 ° GO TO Q13 HMO 7 ° GO TO Q13
5.	What time did the mother check in to the ER? (USE MILITARY TIME)
	Unknown/Not Mentioned
6.	What time did the mother check out of the ER? (USE MILITARY TIME)
	Unknown/Not Mentioned

7.	When did the symptoms/injury first appear?								
	a. Date: - b. Time: _ (USE MILITARY TIME)								
	Unknown/Not Mentioned								
8.	Was the mother referred to the ER by a health care provider?								
	YES								
9.	If YES, why?								
	Severity of illness/injury								
	Unknown/Not mentioned 8								
10.	How was the mother transported to the ER?								
	Ambulance 1 Walk-in 2 Unknown/Not mentioned 8								
11.	Did the ER visit result in a hospitalization?								
	YES								
12.	Was this an appropriate ER visit? (THIS QUESTION IS TO BE COMPLETED BY PS)								
	YES								
13.	What was the name of the doctor and/or nurse who treated the mother?								
	Doctor: Nurse:								
14.	How was the visit paid for?								
	Medicaid 1 Medicaid Chartered 2 Managed Care 3 Private insurance 4 Self pay 5 None 6 Other (SPECIFY) 7 Unknown/Not mentioned 8								

VISIT #2							
Date of Visit:							
a. From:	- -	b.	То:	_ Mo	- Day	- <u> </u> Year	
	vn/Not Mentioned 888888 portion of date is unknown, fill with 88)					888888 own, fill with 88	
Reason for visit	: (CIRCLE ALL THAT APPLY)						
Postpartum com Family Planning General health Re-Check or Fo Blood Work/Ot Injury	tum						
Unknown/Not M Chief complaint	Mentioned	_					
Type of visit:							
Hospital In-Pati Hospital Out-Pa		O Q13	3				
Private Clinic . Private Practice		O Q13 O Q13	3 3				
Private Clinic . Private Practice HMO	5 ° GO T	O Q13 O Q13 O Q13	3 3	2)			
Private Clinic . Private Practice HMO		O Q13 O Q13 O Q13	3 3	C)			
Private Clinic . Private Practice HMO		O Q13 O Q13 O Q13	3 3	2)			
Private Clinic . Private Practice HMO What time did to		YO Q13 YO Q13 YO Q13	3 3 RY TIME	•			
Private Clinic . Private Practice HMO What time did to		YO Q13 YO Q13 YO Q13	3 3 RY TIME	•			

7.	When did the symptoms/injury first appear?
	a. Date: - b. Time: _ (USE MILITARY TIME)
	Unknown/Not Mentioned
8.	Was the mother referred to the ER by a health care provider?
	YES
9.	If YES, why?
	Severity of illness/injury
	Unknown/Not mentioned 8
10.	How was the mother transported to the ER?
	Ambulance 1 Walk-in 2 Unknown/Not mentioned 8
11.	Did the ER visit result in a hospitalization?
	YES
12.	Was this an appropriate ER visit? (THIS QUESTION IS TO BE COMPLETED BY PS)
	YES
13.	What was the name of the doctor and/or nurse who treated the mother?
	Doctor: Nurse:
14.	How was the visit paid for?
	Medicaid 1 Medicaid Chartered 2 Managed Care 3 Private insurance 4 Self pay 5 None 6 Other (SPECIFY) 7 Unknown/Not mentioned 8

D.	VISIT #3								
1.	Date of Visit:								
	a. From: - - b. To: - - - Mo Day Year								
	Unknown/Not Mentioned 888888 Unknown/Not Mentioned								
2.	Reason for visit: (CIRCLE ALL THAT APPLY)								
	Routine postpartum 1 Postpartum complications 2 Family Planning 3 General health 4 Re-Check or Follow-Up 5 Blood Work/Other test 6 Injury 7 Illness 8 Other (SPECIFY) 9								
	Unknown/Not Mentioned								
3.	Chief complaint (if applicable):								
4.	Type of visit:								
	ER 1 Hospital In-Patient 2 ° GO TO Q13 Hospital Out-Patient 3 ° GO TO Q13 Public Clinic 4 ° GO TO Q13 Private Clinic 5 ° GO TO Q13 Private Practice 6 ° GO TO Q13 HMO 7 ° GO TO Q13								
5.	What time did the mother check in to the ER? (USE MILITARY TIME)								
	Unknown/Not Mentioned 8888								
6.	What time did the mother check out of the ER? (USE MILITARY TIME)								
	Unknown/Not Mentioned 8888								

7.	When did the symptoms/injury first appear?								
	a. Date: - b. Time: _ (USE MILITARY TIME)								
	Unknown/Not Mentioned								
8.	Was the mother referred to the ER by a health care provider?								
	YES								
9.	If YES, why?								
	Severity of illness/injury								
	Unknown/Not mentioned 8								
10.	How was the mother transported to the ER?								
	Ambulance 1 Walk-in 2 Unknown/Not mentioned 8								
11.	Did the ER visit result in a hospitalization?								
	YES								
12.	Was this an appropriate ER visit? (THIS QUESTION IS TO BE COMPLETED BY PS)								
	YES								
13.	What was the name of the doctor and/or nurse who treated the mother?								
	Doctor: Nurse:								
14.	How was the visit paid for?								
	Medicaid 1 Medicaid Chartered 2 Managed Care 3 Private insurance 4 Self pay 5 None 6 Other (SPECIFY) 7 Unknown/Not mentioned 8								

VISIT	#4								
Date of	f Visit:								
a.	From:	<u> </u> _	- Day	- Year	b.	То:	_ Mo	- Day	- Year
				888888 n, fill with 88)					
Reason	n for visit: (CIRCLE A	ALL THAT	APPLY)					
Postpa Family Genera Re-Cho Blood Injury Illness	rtum complete Planning late the lat	ications		2 3 4 5 6 7 8					
Unkno	wn/Not Me	ntioned		88	-				
Type o	of visit:								
ER Hospit Hospit Public Private Private	al In-Patien al Out-Patie Clinic c Clinic e Practice	t		1 2° GO T 3° GO T 4° GO T 5° GO T 6° GO T 7° GO T	O Q13 O Q13 O Q13 O Q13	3 3 3			
What t	ime did the	mother che	eck in to the	ER? (USE MI	LITAI	RY TIME	E)		
Unkno	wn/Not Me	ntioned		8888					
What t	ime did the	mother che	eck out of th	ne ER? (USE N	IILIT.	ARY TIM	1E)		
_									
Unkno	wn/Not Me	ntioned		8888					

7.	When did the symptoms/injury first appear?
	a. Date: - - b. Time: (USE MILITARY TIME)
	Unknown/Not Mentioned
8.	Was the mother referred to the ER by a health care provider?
	YES
9.	If YES, why?
	Severity of illness/injury
	Unknown/Not mentioned 8
10.	How was the mother transported to the ER?
	Ambulance 1 Walk-in 2 Unknown/Not mentioned 8
11.	Did the ER visit result in a hospitalization?
	YES
12.	Was this an appropriate ER visit? (THIS QUESTION IS TO BE COMPLETED BY PS)
	YES
13.	What was the name of the doctor and/or nurse who treated the mother?
	Doctor: Nurse:
14.	How was the visit paid for?
	Medicaid 1 Medicaid Chartered 2 Managed Care 3 Private insurance 4 Self pay 5 None 6 Other (SPECIFY) 7 Unknown/Not mentioned 8

VISI	Τ #5								
Date	of Visit:								
a.	From:	_ Mo	- <u> </u> Day	- Year	b.	То:	_ Mo	_ - Day	- <u> </u> Year
		Not Mention tion of date is							888888 own, fill with 88
Reaso	on for visit: (CIRCLE AI	L THAT A	APPLY)					
Postp Famil Gener Re-Cl Blood Injury Illness Other	artum comply Planning . ral health heck or Follod Work/Other	m		. 2 . 3 . 4 . 5 . 6 . 7 . 8					
Unkn	own/Not Me	ntioned		. 88					
Type	of visit:								
ER . Hospi Hospi Public Privat	ital In-Patien ital Out-Patien Clinic te Clinic te Practice	ent		. 1 . 2 ° GO T . 3 ° GO T . 4 ° GO T . 5 ° GO T . 6 ° GO T	O Q13 O Q13 O Q13 O Q13	3 3 3			
What	time did the	mother check	k in to the E	ER? (USE MI	LITAI	RY TIME	2)		
Unkn	own/Not Me	ntioned		. 8888					
What	time did the	mother check	k out of the	ER? (USE M	IILIT	ARY TIM	1E)		
Unkn	own/Not Me	ntioned		. 8888					

When did the symptoms/injury first appear?
a. Date: - b. Time: _ (USE MILITARY TIME)
Unknown/Not Mentioned
Was the mother referred to the ER by a health care provider?
YES
If YES, why?
Severity of illness/injury
Unknown/Not mentioned 8
How was the mother transported to the ER?
Ambulance 1 Walk-in 2 Unknown/Not mentioned 8
Did the ER visit result in a hospitalization?
YES
Was this an appropriate ER visit? (THIS QUESTION IS TO BE COMPLETED BY PS)
YES
What was the name of the doctor and/or nurse who treated the mother?
Doctor: Nurse:
How was the visit paid for?
Medicaid 1 Medicaid Chartered 2 Managed Care 3 Private insurance 4 Self pay 5 None 6 Other (SPECIFY) 7 Unknown/Not mentioned 8

Pro	ovider/Hospital Name:	Provider Code:							
G.	VISIT #6								
1.	Date of Visit:								
	a. From: - - Yea	b. To: - Year							
	Unknown/Not Mentioned 8888 (If any portion of date is unknown, fill with								
2.	Reason for visit: (CIRCLE ALL THAT APPLY)							
	Routine postpartum 1 Postpartum complications 2 Family Planning 3 General health 4 Re-Check or Follow-Up 5 Blood Work/Other test 6 Injury 7 Illness 8 Other (SPECIFY) 9								
	Unknown/Not Mentioned								
3.	Chief complaint (if applicable):								
4.	Type of visit:								
	ER1Hospital In-Patient2°Hospital Out-Patient3°Public Clinic4°Private Clinic5°Private Practice6°HMO7°	GO TO Q13 GO TO Q13 GO TO Q13 GO TO Q13							
5.	What time did the mother check in to the ER? (USE MILITARY TIME)								
	Unknown/Not Mentioned 8888	i e e e e e e e e e e e e e e e e e e e							
6.	What time did the mother check out of the ER? (USE MILITARY TIME)							
	Unknown/Not Mentioned								

1.	when did the symptoms/mjury first appear?
	a. Date: _ - _ - _ b. Time: _ _ (USE MILITARY TIME)
	Unknown/Not Mentioned
8.	Was the mother referred to the ER by a health care provider?
	YES
9.	If YES, why?
	Severity of illness/injury
	Unknown/Not mentioned 8
10.	How was the mother transported to the ER?
	Ambulance 1 Walk-in 2 Unknown/Not mentioned 8
11.	Did the ER visit result in a hospitalization?
	YES
12.	Was this an appropriate ER visit? (THIS QUESTION IS TO BE COMPLETED BY PS)
	YES
13.	What was the name of the doctor and/or nurse who treated the mother?
	Doctor: Nurse:
14.	How was the visit paid for?
	Medicaid 1 Medicaid Chartered 2 Managed Care 3 Private insurance 4 Self pay 5 None 6 Other (SPECIFY) 7
	Unknown/Not mentioned 8

H. VISIT #7

11.	νισι π/
1.	Date of Visit:
	a. From: - - b. To: - - - Mo Day Year
	Unknown/Not Mentioned 888888 Unknown/Not Mentioned
2.	Reason for visit: (CIRCLE ALL THAT APPLY)
	Routine postpartum 1 Postpartum complications 2 Family Planning 3 General health 4 Re-Check or Follow-Up 5 Blood Work/Other test 6 Injury 7 Illness 8 Other (SPECIFY) 9
	Unknown/Not Mentioned
3.	Chief complaint (if applicable):
4.	Type of visit:
	ER 1 Hospital In-Patient 2 ° GO TO Q13 Hospital Out-Patient 3 ° GO TO Q13 Public Clinic 4 ° GO TO Q13 Private Clinic 5 ° GO TO Q13 Private Practice 6 ° GO TO Q13 HMO 7 ° GO TO Q13
5.	What time did the mother check in to the ER? (USE MILITARY TIME)
	Unknown/Not Mentioned
6.	What time did the mother check out of the ER? (USE MILITARY TIME)

Unknown/Not Mentioned 8888

7.	When did the symptoms/injury first appear?
	a. Date: - b. Time: (USE MILITARY TIME)
	Unknown/Not Mentioned
8.	Was the mother referred to the ER by a health care provider?
	YES
9.	If YES, why?
	Severity of illness/injury
	Unknown/Not mentioned 8
10.	How was the mother transported to the ER?
	Ambulance 1 Walk-in 2 Unknown/Not mentioned 8
11.	Did the ER visit result in a hospitalization?
	YES
12.	Was this an appropriate ER visit? (THIS QUESTION IS TO BE COMPLETED BY PS)
	YES
13.	What was the name of the doctor and/or nurse who treated the mother?
	Doctor: Nurse:
14.	How was the visit paid for?
	Medicaid 1 Medicaid Chartered 2 Managed Care 3 Private insurance 4 Self pay 5 None 6 Other (SPECIFY) 7
	Unknown/Not mentioned 8

I. VISIT #8

6.

1.	V1511 #ð	
1.	Date of Visit:	
	a. From: _ - - Year	b. To: - - Year
	Unknown/Not Mentioned 888888 (If any portion of date is unknown, fill with 88	Unknown/Not Mentioned888888 (If any portion of date is unknown, fill with 88)
2.	Reason for visit: (CIRCLE ALL THAT APPLY)	
	Routine postpartum 1 Postpartum complications 2 Family Planning 3 General health 4 Re-Check or Follow-Up 5 Blood Work/Other test 6 Injury 7 Illness 8 Other (SPECIFY) 9	
	Unknown/Not Mentioned 88	
3.	Chief complaint (if applicable):	
4.	Type of visit:	
	ER 1 Hospital In-Patient 2 ° GO Hospital Out-Patient 3 ° GO Public Clinic 4 ° GO Private Clinic 5 ° GO Private Practice 6 ° GO HMO 7 ° GO	TO Q13 TO Q13 TO Q13 TO Q13
5.	What time did the mother check in to the ER? (USE I	MILITARY TIME)
	Unknown/Not Mentioned 8888	

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What time did the mother check out of the ER? (USE MILITARY TIME)

Unknown/Not Mentioned 8888

7.	When did the symptoms/injury first appear?								
	a. Date: - b. Time: _ (USE MILITARY TIME)								
	Unknown/Not Mentioned								
8.	Was the mother referred to the ER by a health care provider?								
	YES								
9.	If YES, why?								
	Severity of illness/injury								
	Unknown/Not mentioned 8								
10.	How was the mother transported to the ER?								
	Ambulance 1 Walk-in 2 Unknown/Not mentioned 8								
11.	Did the ER visit result in a hospitalization?								
	YES								
12.	Was this an appropriate ER visit? (THIS QUESTION IS TO BE COMPLETED BY PS)								
	YES								
13.	What was the name of the doctor and/or nurse who treated the mother?								
	Doctor: Nurse:								
14.	How was the visit paid for?								
	Medicaid 1 Medicaid Chartered 2 Managed Care 3 Private insurance 4 Self pay 5 None 6 Other (SPECIFY) 7 Unknown/Not mentioned 8								
	UIIKIIOWII/INOLIIIEIILIOIIEU 8								

J. VISIT #9

1.	Date of Visit:
1.	Jaic OI VISIL.

a.	From:		- Day	- <u> </u> Year	b.	To:
	Unknown/	Not Mentione	ed	. 888888		Unkno

(If any portion of date is unknown, fill with 88)

Unknown/Not Mentioned......888888 (If any portion of date is unknown, fill with 88)

2. Reason for visit: (CIRCLE ALL THAT APPLY)

Routine postpartum 1
Postpartum complications 2
Family Planning
General health 4
Re-Check or Follow-Up 5
Blood Work/Other test 6
Injury
Illness 8
Other (SPECIFY) 9
Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

4. Type of visit:

ER 1	
Hospital In-Patient 2 °	GO TO Q13
Hospital Out-Patient 3°	GO TO Q13
Public Clinic 4 °	GO TO Q13
Private Clinic 5 °	GO TO Q13
Private Practice 6°	GO TO Q13
HMO 7 °	GO TO Q13

5. What time did the mother check in to the ER? (**USE MILITARY TIME**)

6. What time did the mother check out of the ER? (**USE MILITARY TIME**)

7.	When did the symptoms/injury first appear?								
	a. Date: - b. Time: _ (USE MILITARY TIME)								
	Unknown/Not Mentioned								
8.	Was the mother referred to the ER by a health care provider?								
	YES								
9.	If YES, why?								
	Severity of illness/injury								
	Unknown/Not mentioned 8								
10.	How was the mother transported to the ER?								
	Ambulance 1 Walk-in 2 Unknown/Not mentioned 8								
11.	Did the ER visit result in a hospitalization?								
	YES								
12.	Was this an appropriate ER visit? (THIS QUESTION IS TO BE COMPLETED BY PS)								
	YES								
13.	What was the name of the doctor and/or nurse who treated the mother?								
	Doctor: Nurse:								
14.	How was the visit paid for?								
	Medicaid 1 Medicaid Chartered 2 Managed Care 3 Private insurance 4 Self pay 5 None 6 Other (SPECIFY) 7 Unknown/Not mentioned 8								
	UIIKIIOWII/INOLIIIEIILIOIIEU 8								

K. **VISIT #10**

1.	Date of Visit:												
	a From:	1	ı	_	ı	1 - 1	ı	1	h	To:	ı	ı	

Day Year Mo Unknown/Not Mentioned 888888 Unknown/Not Mentioned......888888 (If any portion of date is unknown, fill with 88) (If any portion of date is unknown, fill with 88)

2. Reason for visit: (CIRCLE ALL THAT APPLY)

Routine postpartum 1
Postpartum complications
Family Planning
General health 4
Re-Check or Follow-Up 5
Blood Work/Other test 6
Injury
Illness 8
Other (SPECIFY) 9
Unknown/Not Mentioned 88

3. Chief complaint (if applicable):

Type of visit: 4.

ER 1	
Hospital In-Patient 2 °	GO TO Q13
Hospital Out-Patient 3 °	GO TO Q13
Public Clinic 4 °	GO TO Q13
Private Clinic 5 °	GO TO Q13
Private Practice 6 °	GO TO Q13
HMO 7 °	GO TO Q13

5. What time did the mother check in to the ER? (USE MILITARY TIME)

Unknown/Not Mentioned 8888

6. What time did the mother check out of the ER? (USE MILITARY TIME)

Unknown/Not Mentioned 8888

7.	When did the symptoms/injury first appear?
	a. Date: b. Time: _ (USE MILITARY TIME)
	Unknown/Not Mentioned
8.	Was the mother referred to the ER by a health care provider?
	YES 1 NO 2° SKIP TO Q10 Unknown/Not mentioned 8° SKIP TO Q10
9.	If YES, why?
	Severity of illness/injury
	Unknown/Not mentioned 8
10.	How was the mother transported to the ER?
	Ambulance 1 Walk-in 2 Unknown/Not mentioned 8
11.	Did the ER visit result in a hospitalization?
	YES
12.	Was this an appropriate ER visit? (THIS QUESTION IS TO BE COMPLETED BY PS)
	YES
13.	What was the name of the doctor and/or nurse who treated the mother?
	Doctor: Nurse:
14.	How was the visit paid for?
	Medicaid 1 Medicaid Chartered 2 Managed Care 3 Private insurance 4 Self pay 5 None 6 Other (SPECIFY) 7
	Unknown/Not mentioned 8